



Medical Form

Please complete for all NEW students and if information has changed for RETURNING students.

Student Information

Name first last ☐ Male ☐ Female
Date of Birth dd mm yyyy Age Blood Type (if known) Religion (if any)
Class Teacher Nationality ID/Passport Number

Emergency Contacts

(1) Name Relationship
Day-time Telephone Mobile Home Telephone
(2) Name Relationship
Day-time Telephone Mobile Home Telephone

Siblings

(1) Name (2) Name

Medical Insurance

Does your child have medical insurance? ☐ Yes ☐ No* Medical Insurance Provider
Policy Number Insurance Emergency Call Centre Number
*If your child has no insurance policy, please tick (✓) the box and sign below:
☐ I acknowledge that my child has no medical insurance policy and that I will be responsible for any fees incurred due to personal loss or injury.

Medications

☐ My child does not require any medication in school OR

Please complete the table below if your child is on ANY medications (Prescription or non-prescription, including traditional).

Name of medication (in English)	Reason for Medication	Daily Timing and Dosage
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- All medications must be clearly marked in English with student's name, name of medication, dosage amount and when medication is given, all must be in original packaging
- Except for EPIPEN & INHALERS, pupils are not permitted to be in possession of any medication whilst on a school trip
- A member of School staff, prior to departure, will collect all medications. All medications will be kept in the first aid kit & administered by staff

Non-Prescription Medications

I give my permission for my child to receive oral, non-prescription medications if necessary (i.e. Paracetamol, Panadol) ☐ Yes ☐ No

Medical and Dietary Information

Does your child suffer from any of the following?

Please specify

- | | | | |
|---|------------------------------|-----------------------------|--|
| 1. Seizures of any type | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Heart condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Asthma/respiratory problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Allergies to known medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Allergies to food or other materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Fits, fainting, blackouts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If you respond Yes to any of these we will need to have a care plan in place.

- | | | | |
|---|------------------------------|-----------------------------|--|
| 9. Severe headaches or migraine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10. Chronic/recurrent illness (e.g. cold, stomach aches, fever, earaches) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 11. Travel sickness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. Skin problems (eg Eczema) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 13. Suffered from a contagious/infectious disease (eg Hepatitis, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Any other illness not named above:

Doctor / Medical Centre Information

Doctor's Name

Medical Centre Name

Telephone number

Immunisations

This section of the form may be filled out by a physician or parent/guardian (copies of immunisation records may be submitted).

Immunisation	Date immunisation received	Remarks
Tetanus		Date of last booster dd mm yyyy

Please refer to the National Childhood Immunisation Schedule, Singapore on the final page.

Comments / Concerns

Parent Signature and Waiver Of Liability For All Education Trips

I, , legal guardian of give permission for my child to participate in DCIS trips, and any related activities as planned by the teacher in charge. In the event of accident, illness, and where it is impracticable to communicate with me, I give permission for the teacher in charge to act as legal guardian, and to seek medical and/or surgical treatment as may be deemed necessary by the medical authorities present. In such circumstances, I hereby confirm I will be responsible for any and all expenses resulting from the decisions.

I, , legal guardian of certify that the above information is correct and current as of today.

Parent / Guardian Name

Signature

Date

It is the responsibility of the parent/guardian to notify the school in writing of any changes to the information given in this form e.g. changes of address, contact numbers, physical condition or medications.

National Childhood Immunisation Schedule, Singapore

Immunisation Chart Based on Age (Revised in April 2014), http://www.healthhub.sg/live-healthy/363/immunisation_chart_based_on_age

Age	Vaccine	Immunisation against
Birth	BCG Hepatitis B - 1st dose	Tuberculosis Hepatitis B
1 Month	Hepatitis B - 2nd dose	Hepatitis B
3 Months	DTaP - 1st dose IPV - 1st dose Hib - 1st dose Pneumococcal Conjugate - 1st dose	Diphtheria, Pertussis & Tetanus Poliomyelitis Haemophilus influenza type b vaccine Pneumococcal Disease
4 Months	DTaP - 2nd dose IPV - 2nd dose Hib - 2nd dose	Diphtheria, Pertussis & Tetanus Poliomyelitis Haemophilus influenza type b vaccine
5 Months	Hepatitis B - 3rd dose* DTaP - 3rd dose IPV - 3rd dose Hib - 3rd dose Pneumococcal Conjugate - 2nd dose	Hepatitis B Diphtheria, Pertussis & Tetanus Poliomyelitis Haemophilus influenza type b vaccine Pneumococcal Disease
5-6 months	Hepatitis B - 3rd dose*	Hepatitis B
12 months	MMR - 1st dose Pneumococcal Conjugate - 1st booster	Measles, Mumps & Rubella Pneumococcal Disease
15-18 months	MMR - 2nd dose**	15-18 months
18 months	DTaP - 1st booster IPV - 1st booster Hib - 1st booster MMR - 2nd dose**	Measles, Mumps & Rubella Diphtheria, Pertussis & Tetanus Poliomyelitis Haemophilus influenza type b vaccine
10-11 years [^]	Tdap - 2nd booster Oral Polio - 2nd booster	Measles, Mumps & Rubella Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis Poliomyelitis

Notes:

Human Papillomavirus - Recommended for females 9 to 26 years; three doses are required at intervals of 0, 2, 6 months

BCG - Bacillus Calmette-Guérin vaccine HepB - Hepatitis B vaccine

Tdap - Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine

OPV - Oral polio vaccine

PCV - Pneumococcal conjugate vaccine

IPV - Inactivated polio vaccine

D1/D2/D3 - 1st dose, 2nd dose, 3rd dose

DTaP - Paediatric diphtheria and tetanus toxoid and acellular pertussis vaccine

MMR - Measles, mumps, and rubella vaccine

Hib - Haemophilus influenza type b vaccine

B1/B2 - 1st booster, 2nd booster

[^] Primary 5 * The 3rd dose of Hepatitis B vaccination can be given with the 3rd dose of DTaP, IPV and Hib for the convenience of parents

** 2nd dose of MMR can be given between 15-18 months

Immunisations for Diphtheria and Measles are COMPULSORY by Law.